

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American College of Radiology Association PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00343459	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Prevail Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 16 / 2016</b>	
Mailing Address <b>7309A Colina Vista Loop</b>		Amount <b>18078.78</b>	
City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78750</b>	Transaction ID : <b>D170852</b>
Purpose of Expenditure Printed Advertising for Mailing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 16 / 2016</b>
Name of Federal Candidate Rep. Renee Ellmers		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>02</b> State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>18078.78</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Prevail Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 16 / 2016</b>	
Mailing Address <b>7309A Colina Vista Loop</b>		Amount <b>24237.38</b>	
City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78750</b>	Transaction ID : <b>D170853</b>
Purpose of Expenditure Printed Advertising for Mailing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 16 / 2016</b>
Name of Federal Candidate Rep. John Shimkus		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>15</b> State: <b>IL</b>
Calendar Year-To-Date Per Election for Office Sought		<b>24237.38</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>42316.16</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>42316.16</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Richard Taxin MD

[Electronically Filed]

Date

MM / DD / YYYY  
**02 / 16 / 2016**

Signature